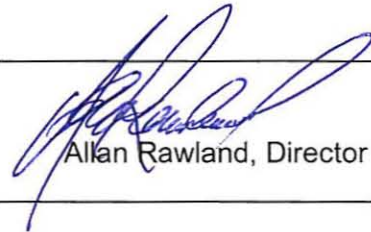


**County of San Bernardino  
Department of Behavioral Health**

**Right to Request Alternative Means of Communicating  
Protected Health Information Policy**

**Effective Date** 03/18/10  
**Approval Date** 03/18/10

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Allan Rawland, Director

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**Policy** It is the policy of the Department of Behavioral Health (DBH) to accommodate, to the extent practicable, an individual's reasonable request to receive communication of protected health information (PHI) by an alternative means or at an alternative location in accordance with the security and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).

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**Purpose** To establish a process for allowing an individual to request confidential communications of PHI by an alternate means.

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**How to Request Restrictions on Confidential Communication** An individual who requests confidential communication of PHI by an alternative means must submit the request in writing by completing the [Request for Restriction on the Manner/Method of Confidential Communications Form Spanish](#). The form shall include, at a minimum:

- What information is to be communicated by the alternative means (e.g., appointment reminders, payment information, other matters related to treatment, or all information), and
- A specific alternate address or other method of communication.

**Note:** DBH cannot require the client to provide an explanation as to the basis for the request as a condition of approving a reasonable request to receive communication of PHI by an alternative means/location.

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**Determining a Reasonable Request** DBH shall determine the reasonableness of a request based on whether the clinic/program is impeded from conducting business as usual. All requests for confidential communication shall be coordinated and reviewed by the Program Manager or his/her designated supervisor.

In the event that it is uncertain whether a request for confidential communication should be approved or denied, the Program Manager or designee shall consult DBH, Office of Compliance.

**Important Note: If the individual clearly states that failure to communicate by alternative means or to an alternative address could endanger him/her, DBH must accommodate the request to communicate by alternative means.**

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**County of San Bernardino  
Department of Behavioral Health**

**Right to Request Alternative Means of Communicating  
Protected Health Information Policy, Continued**

**Time Frame to Respond to a Request**

Although there are no regulatory guidelines specifying the time frame to respond to a request for confidential communications, DBH shall respond as soon as possible due to the nature of the request, but no later than ten (10) business days.

**Approving a Request**

If a Program Manager/designee determines that he/she can reasonably accommodate an individual's request for confidential communication, the following steps shall be taken:

Step	Action
1	Notify the individual with the <a href="#">Response to Request for Restriction on the Manner/Method of Confidential Communications Spanish</a> form at the alternative address provided,
2	File a copy of the letter in the medical record and document .
3	Update DBH computer systems which contain client information.
4	Update any mailing lists used in the clinic/program immediately.

**Denying a Request**

If a Program Manager/designee determines that he/she is unable to reasonably accommodate an individual's request for confidential communication, the following steps shall be taken:

Step	Action
1	Call the individual at the current telephone number and notify him/her of the denial. Follow up by providing the <a href="#">Response to Request for Restriction on the Manner/Method of Confidential Communications Spanish</a> form.
2	Send the individual the <a href="#">Response to Request for Restriction on the Manner/Method of Confidential Communications Spanish</a> form at the current address if a telephone number is not available.
3	File the request and the denial in medical record.

**References**

45 C.F.R. §164.522: Rights to request privacy protection for protected health information

**Related Documents**

COM004 (E/S): [DBH Notice of Privacy Practices and Acknowledgment Form Spanish](#).